

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**Alexandria, Virginia 22313-1450**  
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**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly mark-up with any corrections or use Block 1)  
 23490 7590 08/19/2003

**JOHN G TOLOMEI, PATENT DEPARTMENT**  
**UOP LLC**  
**25 EAST ALGONQUIN ROAD**  
**P O BOX 5017**  
**DES PLAINES, IL 60017-5017**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Rose A. Lubich	(Depositor's name)
<i>Rose A. Lubich</i>	(Signature)
November 19, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/011334	12/03/2001	James P. McGhee	106388	5407

**TITLE OF INVENTION: PROCESS AND APPARATUS FOR COOLING POLYMER IN A REACTOR**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	11/19/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ACQUAH, SAMUEL A	1711	528-503000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **JOHN G. TOLOMEI**  
 2 **JAMES C. PASCHALL**  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**UOP LLC**

**DES PLAINES, ILLINOIS**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies \_\_\_\_\_

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *James C. Paschall* (Date) **November 19, 2003**

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11/20/2003 AMONDAF2 00000013 10011334

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TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 08/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



UOP LLC  
25 E. Algonquin Road  
P.O. Box 5017  
Des Plaines, IL 60017-5017  
Phone: 847-391-2040  
Fax: 847-391-2387

**facsimile transmittal**

To:	CUSTOMER SERVICE CENTER	Fax:	703-746-4000
Dept:	OFFICE OF PATENT PUBLICATIONS	Phone:	703-305-8283
From:	ROSE LUBICH, Patent Dept.	Date:	11/19/03
Phone:	847-391-2040	Fax:	847-391-2387
Serial Number:	10/011,334	Examiner:	SAMUEL A. ACQUAH
Allowance Date:	8/19/03	Art Unit:	1711
Issue Fee Date:	11/19/03	Confirm.No.:	5407
Attachments:	1. PART B - ISSUE FEE TRANSMITTAL; 2. FEE TRANSMITTAL FOR FY 2004; 3. CREDIT CARD FORM PTO-2038.		
	Pages:	4 including this page.	

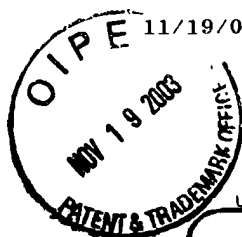
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PTO/S 3/17 (10-03)

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1330****Complete if Known**

Application Number	10/011,334
Filing Date	December 3, 2001
First Named Inventor	James F. McGehee
Examiner Name	Samuel A. Acquah
Art Unit	1711
Attorney Docket No.	106388

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit card		
<input type="checkbox"/> Deposit Account:	<input type="checkbox"/> Money Order		
Deposit Account Number	<input type="checkbox"/> Other		
Deposit Account Name	<input type="checkbox"/> None		
The Director is authorized to: (check all that apply)		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Charge fee(s) indicated below		Large Entity - Small Entity	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			0
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	\$18	
Multiple Dependent	-3** =	\$86	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			0
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify) 1814 Statutory disclaimer (\$110)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		1330	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	James C. Paschall	Registration No. (Attorney/Agent)	36,887
Signature	<i>James C. Paschall</i>	Telephone	847 391-2355
		Date	Nov. 19, 2003

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